## FY 2006 Perkins / State One-Year Spending Plan

## SALARY AND/OR STIPEND NARRATIVE AND JUSTIFICATION FORM

	Eligible Recipient:	Project Number:	06
	County Name:	County Code:	
	(NOTE: Perkins funds may <u>not</u> be used to supplant funds from non-Federal sources. (20 USC 73 See Item C of the Statement of Assurances)  Complete a form for EACH salary/stipend requested.		
	Expenditure Category (100-100, 200-100):	Position Title:	
]		position for which funding is requested. Be sp ts the position will serve. Use additional sheets	
IJ	performance on one or more of the outcom and Measures and objectives. Be specific Attainment, Skill Proficiency, Completion Placement Achievement and/or Nontraditi	nes (state standards) of the negotiated Performant as to which standard(s) is/are being addressed: a, Diploma Credential (secondary), Retention (ponal Training. Refer to pages 6-9 in the guidelies 3, 4, 5, and 6" for additional information.	nce Standards Academic ostsecondary),
]	• • •	equested:% cted time that the employee will work directly v grant funds, to provide instruction for approved%	
]	IV. For stipend, part-time salary or any salary  A. Number of hours requested above  B. District-approved hourly rate of pure additional pages as needed	e contract time:hc	ours

### **Budget Detail Form**

#### SALARY AND/OR STIPEND NARRATIVE AND JUSTIFICATION FORM

#### PURPOSE OF THE PERKINS ACT

The purpose of the Perkins Act is to develop more fully the academic, vocational and technical skills of students by building on the efforts of states and localities to develop challenging academic standards. The purpose is also to promote the development of services and activities that integrate academic, vocational, and technical instruction, and that link secondary and postsecondary education for participating vocational and technical education students.

# INSTRUCTIONS

The eligible recipient must provide strong justification for any and all proposed salary requests. **To satisfy this requirement,** answer Questions I - IV for Instructional Salaries (100-100) and Support Services Salaries (200-100). The narrative description and justification must cover July 1, 2005 through June 30, 2006.

- 1. At the top of the page, indicate the Eligible Recipient Name, Perkins Project Number, County Name and two-digit County Code in the spaces provided.
- 2. Complete questions I IV. DO NOT combine requests or justifications for Instructional Salaries (100-100) and Support Services Salaries (200-100). Submit a separate narrative justification form for <u>each</u> proposed salary/stipend expenditure. The form must be completed for all salary and stipend requests.
- **3.** Begin the response to question II on a separate page, placing the question as the title at the top of the page.
- **4.** For items III and IV, include the information relevant to the position for which funding is requested. Complete item III if the position is full-time. Complete item IV if the position is part-time, a stipend, or other salary above contracted time.
- **5.** Submit the Perkins Spending Plan Salary Narrative and/or Stipend Questionnaire and Justification Form with Budget Detail C Salaries Form(s) for each proposed salary expenditure.